

HOMELAND SECURITY AMENDMENT REQUEST FORM

This form is required by all sub-grantees of Homeland Security grant funds before WA State Emergency Management Division Program staff will initiate an amendment. When it has been determined by your jurisdiction that an amendment to an existing contract is needed, please completely fill out the requested information below.

Agency Name:

Contact Name:

Phone #

E-mail Address:

Contract Number:

Grant:

Submission Date:

TYPE OF AMENDMENT

Check the box or boxes that apply and proceed to the corresponding section(s)

☐ Contract Extension

☐ Budget Amendment

☐ Request for state to purchase equipment

☐ Scope of Work Change/Other

☐ Add Approved Equipment

CONTRACT EXTENSION

Current contract end date:

Requested contract end date:

Justification:

(Include the circumstances that caused the need for the extension, a clear brief description of what work is left to be accomplished, an exact timeline that will cover the extension period, an up to date reimbursement request/A-19, and a list of all equipment you will be seeking approval for.)

BUDGET AMENDMENT

Please explain the changes that you are requesting and the reasons for the changes (The Detailed Budget Worksheet must be attached):

STATE PURCHASED EQUIPMENT

Upon written request the state will purchase equipment on behalf of their sub-grantees utilizing state contracts. This request must include permission to de-obligate funds from the sub-grantees contract in order to make the equipment purchase. Please complete the following statement:

I, (name of jurisdictions authorized representative) give permission for the state to de-obligate funds from the listed contract in order for the state to purchase on behalf of (Fill in agency name).
(Equipment order must be attached).

SCOPE OF WORK CHANGE/OTHER

Please explain in detail the change being requested:
